

CLAIMS ONLY

Application Number

"Filing" Date

Applicant(s)

CLAIMS	AS FILED 2/16/97		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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Total Indep.	2					
Total Depend.	4					
Total Claims	6					

\* May be used for additional claims or amendments

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	Indep.	Depend.	Indep.	Depend.	Indep.
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Total Indep.					
Total Depend.					
Total Claims					